

Name  
in  
Full

Elias Andrew

CERTIFICATE OF DEATH

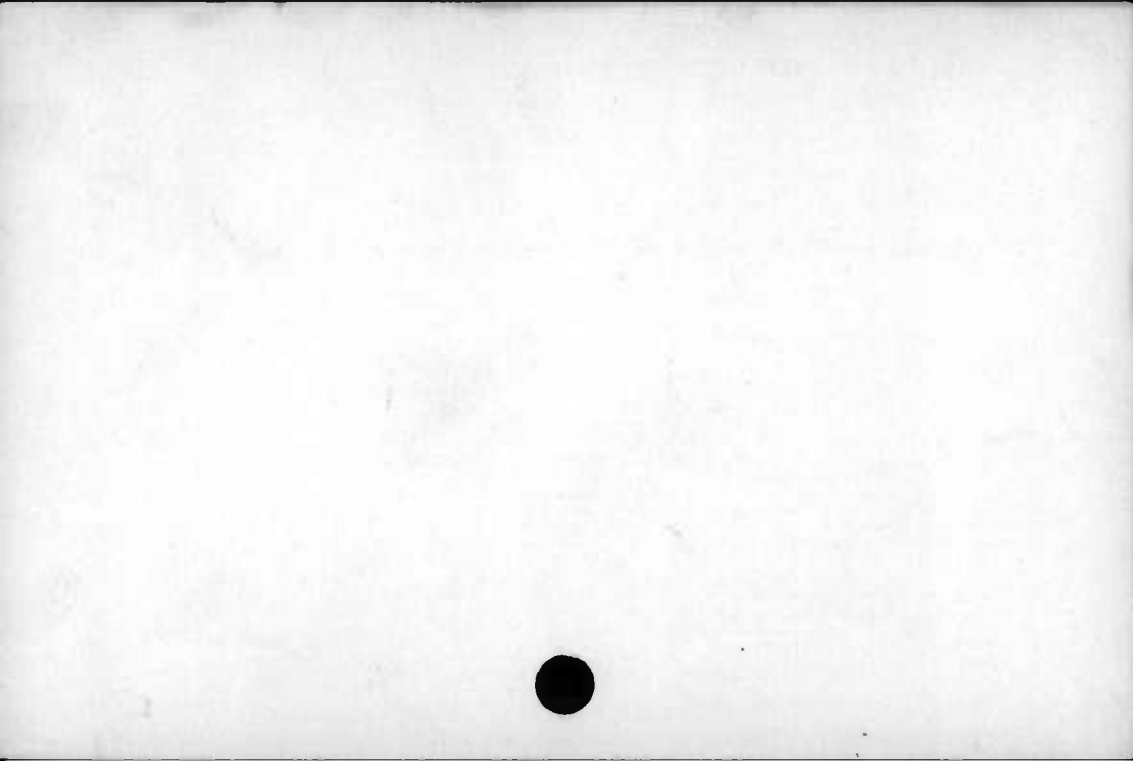
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Brown</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	May	Day	9
Age	17	Years		Months	
Sex	male	Color of Race	white	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Arthur Josue Andrew			Father's Birthplace	Maryland
Mother's Maiden Name	Kate Preston			Mother's Birthplace	Maryland
Name of person giving information	Alphrus Andrew			How related to deceased	Half Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Noble
		Address	Preston Md.
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Henry Brown* County *Cordline* MARYLAND

Died at *Ridgely* Town *Cordline*

Date of death 1907 *5* Month *3* Day *2* Years *1* Months *3* Days

Sex *male* Color or Race *Black* Birth-place *Ind.*

Occupation *Laborer* Where Residing if not at place of death *Ind.*

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Thomas Brown* Father's Birthplace *Ind.*

Mother's Maiden Name *Georgie Pratt* Mother's Birthplace *Ind.*

Name of person giving information *Artemus Brown* How related to deceased *Stepfather*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Bad cold* How long *One week*

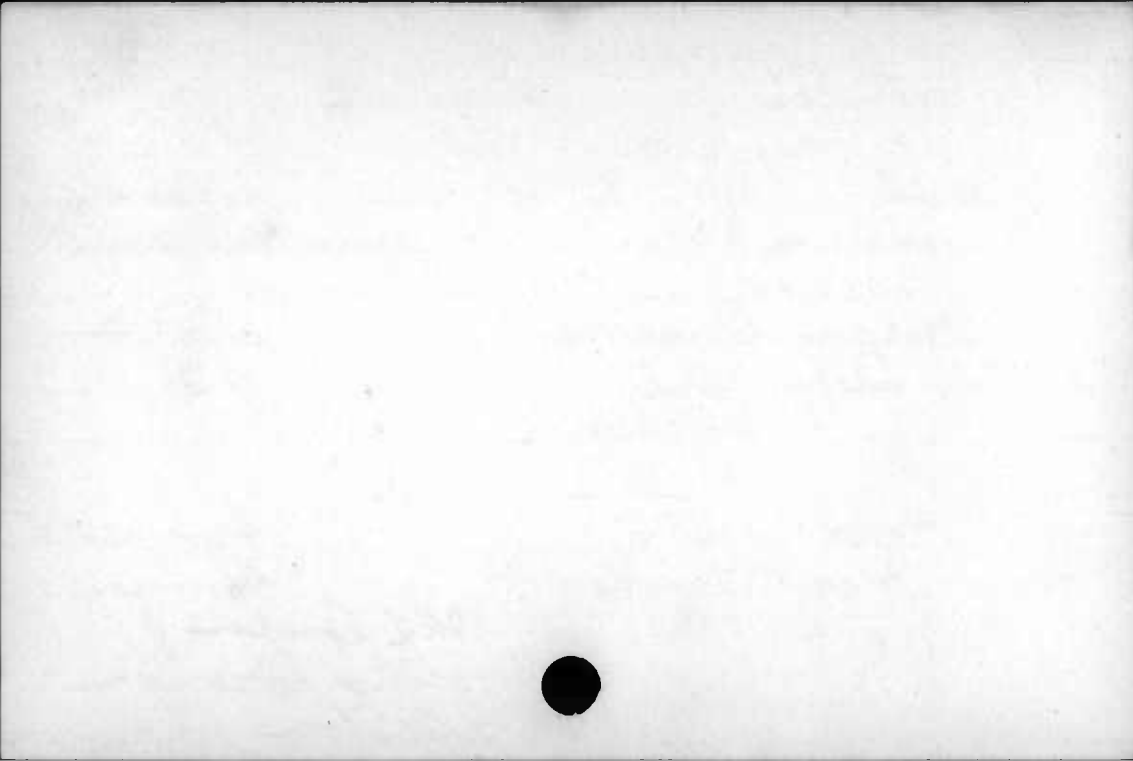
Immediate *Pneumonia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. N. Richards*

Address *Ridgely, Ind.*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Hiram Coverdale.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

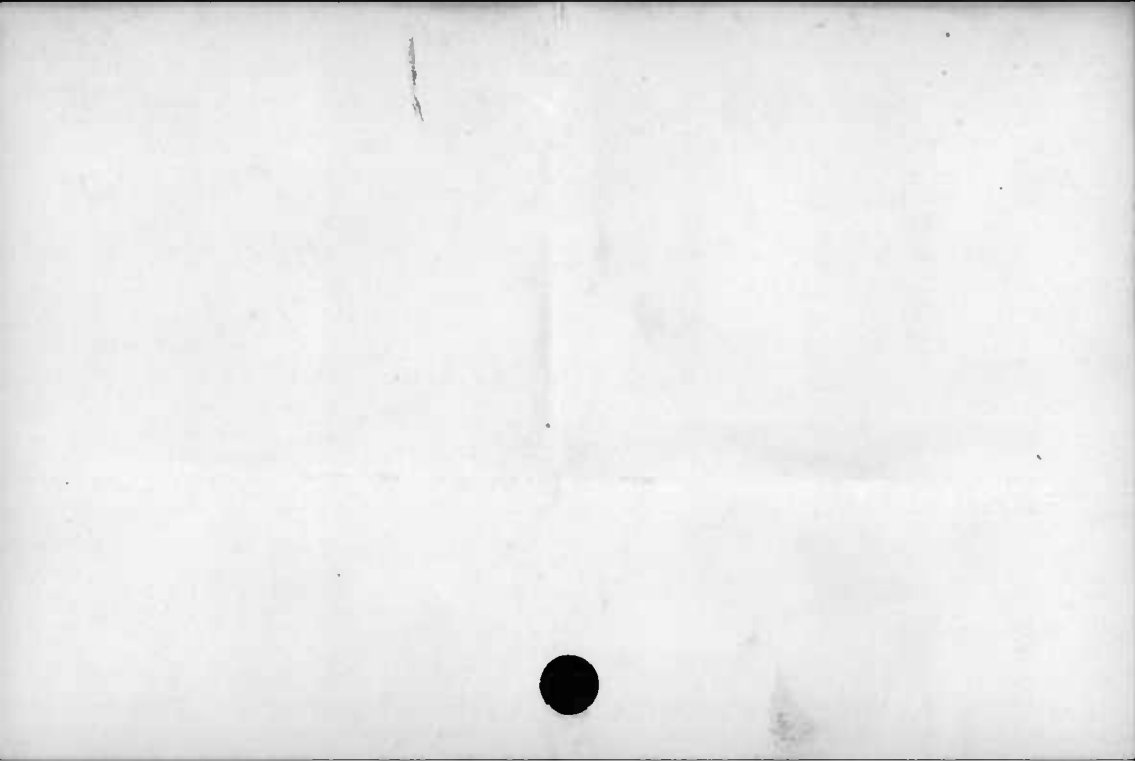
Died at <u>Henderson</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>19</u> <small>Age</small>	<u>73</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Delaware</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>near Henderson</u> <small>Ind.</small>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Hiram Coverdale</u>				
Father's Name <u>Hiram Coverdale</u>	Father's Birthplace <u>Del.</u>				
Mother's Maiden Name <u>Deby Earl</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Dr. Silver</u>	How related to deceased <u>none</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Heart Trouble</u>	How long <u>Immediate</u>
Immediate <u>Heart Trouble</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Cooper J. D.</u>
	Address <u>acting coroner</u>
Accident or Suicide?	<u>Goldston m</u>



Name  
in  
Full

(None) Fooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

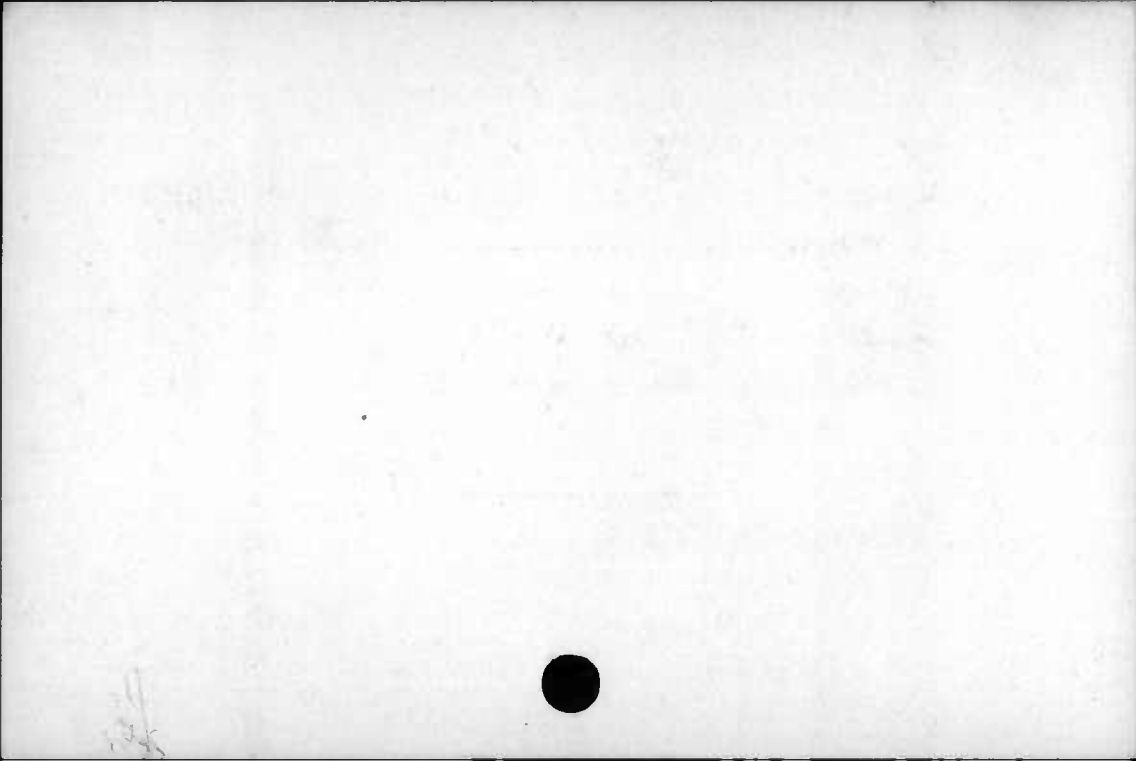
Died at		Town Preston		County Caroline		MARYLAND			
Date of death		1907	Month May	Day 4	Age	Years	Months	Days	
Sex		Female		Color or Race		White		Birth- place	Preston
Occupation				None		Where Residing if not at place of death			Preston
Married, Single or Widowed		Single		Name of Wife or Husband		None			
Father's Name		Emory S Fooks					Father's Birthplace	Ind	
Mother's Maiden Name		Mattie Douglas					Mother's Birthplace	Ind	
Name of person giving In formation		E S Fooks					How related to deceased	Father	

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		Preston, Ind.
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Maggie Griffith* County *Caroline* MARYLAND

Died at *Wenton* Town *Caroline*

Date of death *1907* Month *5* Day *29* Age *3* Years Months Days

Sex *Female* Color Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *same*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Charles W. Griffith* Father's Birthplace *Ind*

Mother's Maiden Name *Maggie Pickens* Mother's Birthplace *Ind*

Name of person giving information *Charles W. Griffith* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Meningitis* **(61)** How long *few days*

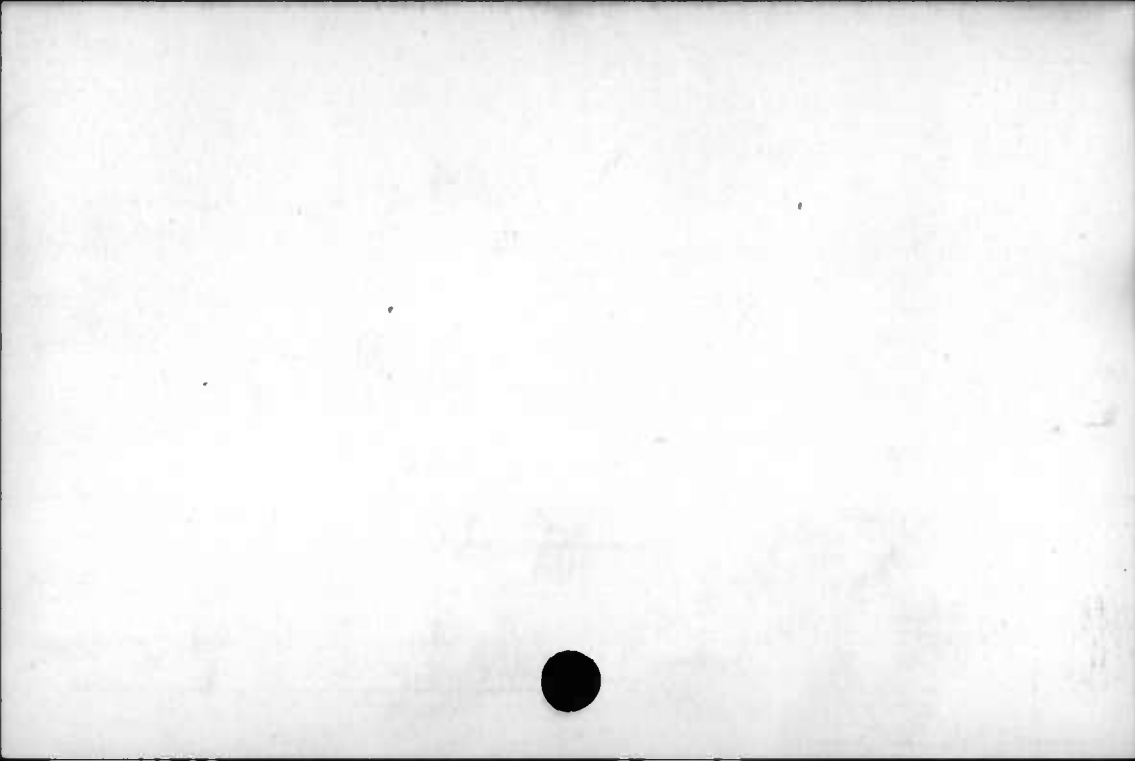
Immediate *same* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. P. Dink*

Address *Wenton*

Accident or Suicide? *No* *Ind*



Name  
in  
Full

Alex. J. Hackett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

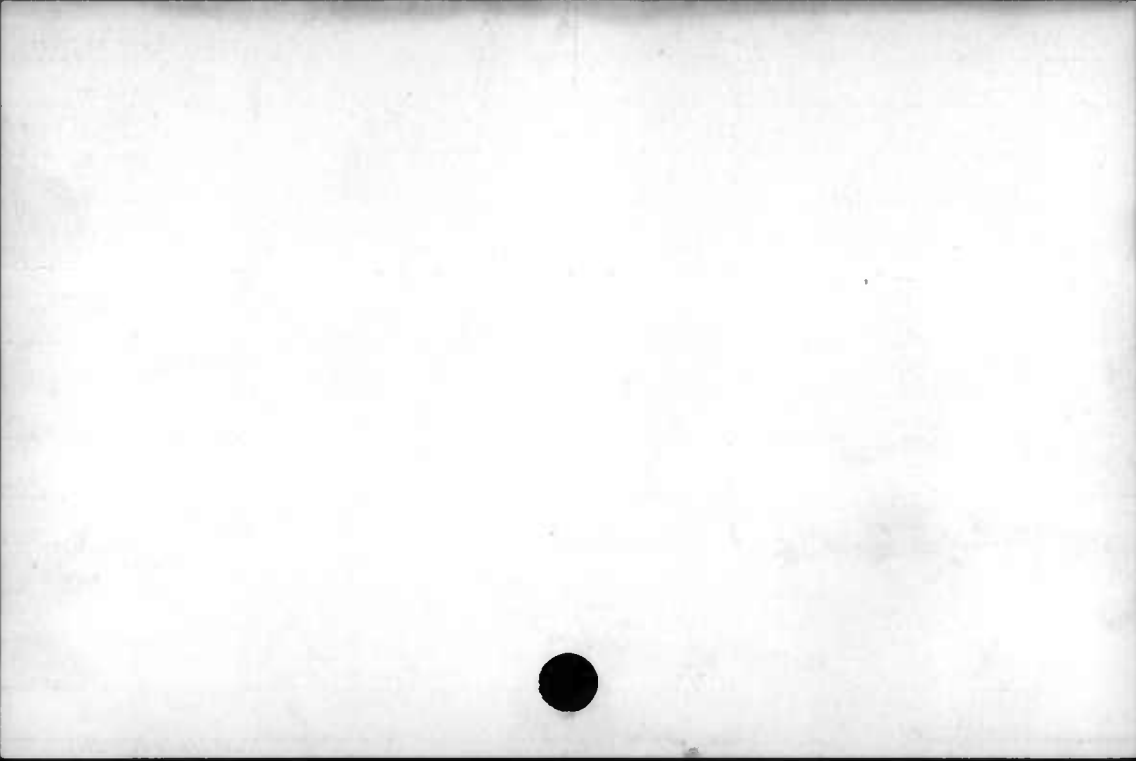
Died at <i>Med. Henderson</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>9</i>		Age <i>32</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Caroline Co. Md</i>		Months <i>7</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Hackett</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Chapman</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Philip Hackett</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

130

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>1 yr</i>
Immediate	<i>Congestion of lungs</i>	How long	<i>4 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. Silver</i>	
Yes		Address <i>Goldston Md</i>	
Accident or Suicide?			



Name  
in  
Full

Louis Henry Harvencamp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near</i> <sup>Town</sup> <i>Priston</i> <sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>
	<i>18</i>	Day	<i>76</i>
	<i>76</i>	Years	<i>—</i>
	<i>—</i>	Months	<i>—</i>
	<i>—</i>	Days	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Birthplace	<i>Germany</i>		
Occupation	<i>Farmer</i>		
Where Residing if not at place of death		<i>—</i>	
Married, Single or Widowed	<i>Widowed</i>		
Name of Wife or Husband	<i>—</i>		
Father's Name	<i>Henry Harvencamp</i>		
Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>Don't know</i>		
Mother's Birthplace	<i>Don't know</i>		
Name of person giving information	<i>Aunie Harvencamp</i>		
How related to deceased	<i>Daughter-in-law</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pleuro-Pneumonia</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Noble</i>
		Address	<i>Priston Md.</i>
Accident or Suicide?			

0170110114

Name  
in  
Full

*Bennie Reta Horney*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

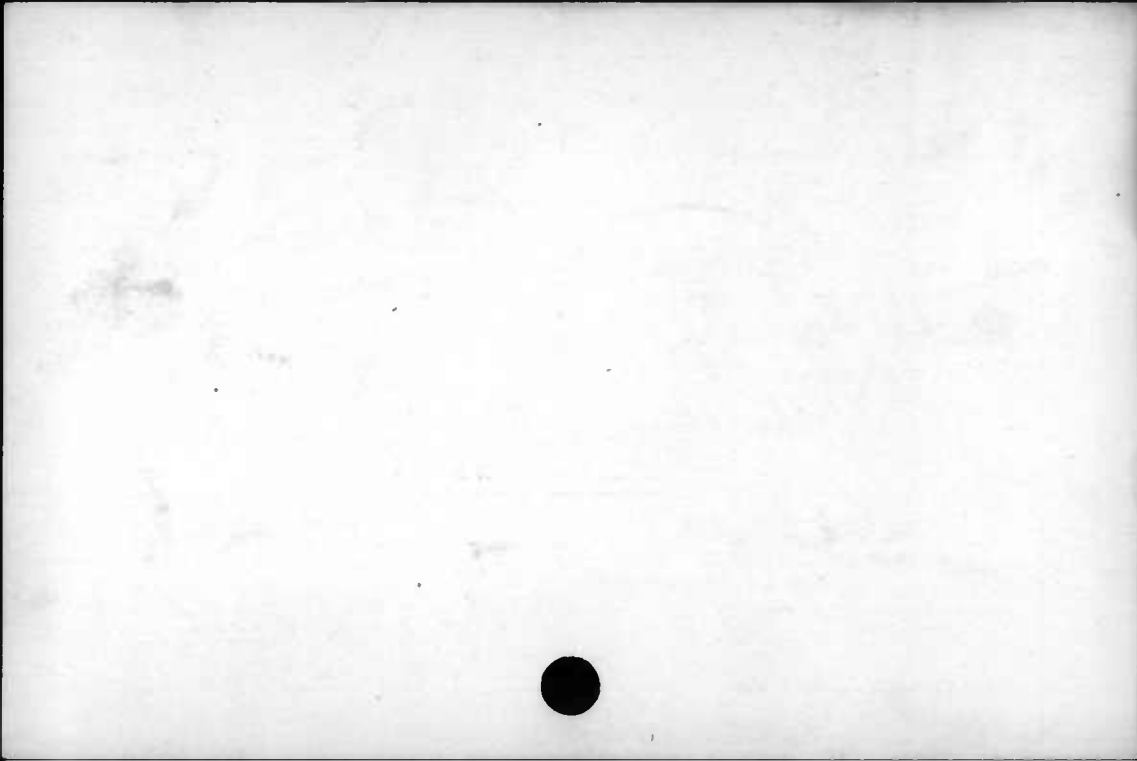
Died at <i>Denton</i>		Town <i>Denton</i>		County <i>Asseline</i>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>25</i>		Day <i>1</i>		Years <i>46</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Denton</i>		Months <i>—</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>		Age <i>46</i>		Days <i>4</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas Horney</i>		Father's Name <i>Bennjamin Horney</i>		Father's Birthplace <i>Denton</i>	
Mother's Maiden Name <i>Hester Bennett</i>		Name of person giving information <i>Chas Horney</i>		Mother's Birthplace <i>Denton</i>		How related to deceased <i>✓</i>	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis.</i>		How long <i>6 mos.</i>	
Immediate <i>Heart Failure</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. N. Williams</i>	
		Address <i>Denton Md.</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalsburg</i>		County <i>1</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>12</i>	Age <i>12</i>	Years	Months
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>ind</i>		
Occupation <i>student</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Frank Nevell</i>	Father's Birthplace <i>ind</i>		Mother's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Sallie Sandy</i>	How related to deceased <i>father</i>				
Name of person giving information <i>Frank Nevell</i>					

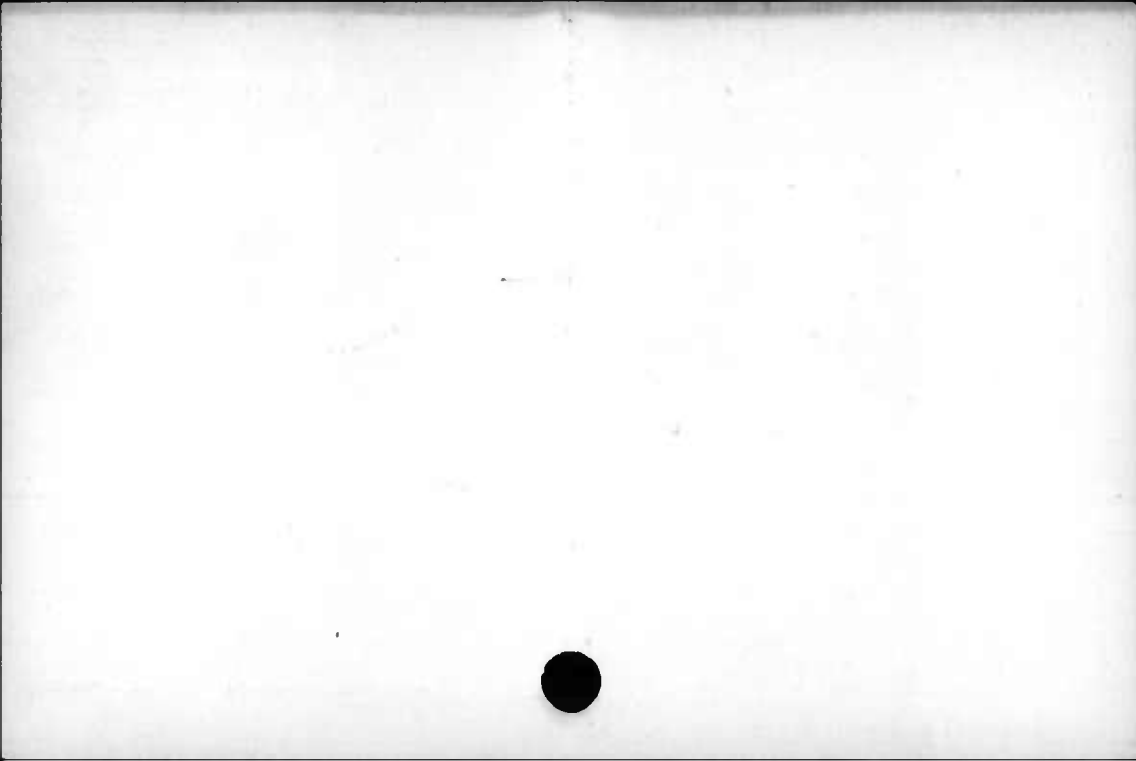
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R Kemp Jefferson</i>
		Address	<i>Federalsburg</i>
Accident or Suicide?			<i>ind</i>



Name in Full		Lexin Payne				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalburg		County		MARYLAND	
	Date of death	1907	Month	May	Day	7	Age
						Years	52
						Months	
						Days	
	Sex	male		Color or Race	white		Birth-place
							md
	Occupation	farmer		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	Govey Payne		Father's Birthplace			
				md			
	Mother's Maiden Name	Elizabeth Banning		Mother's Birthplace			
				Del			
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information	John Payne		How related to deceased			
				Bro			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart Disease				How long	unknown
						How long	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician			
				R. K. Jefferson			
PHYSICIAN OR CORONER				Address			
				Federalburg			
PHYSICIAN OR CORONER				md			
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Chas Leon Pratt*

Died at *Federalburg* <sup>Town</sup> *Caroline* <sup>County</sup>

State *MARYLAND*

Date of death *1907* <sup>Month</sup> *5* <sup>Day</sup> *16* <sup>Age</sup> *67* <sup>Years</sup> *6* <sup>Months</sup> *20* <sup>Days</sup>

Sex *Male* Color or Race *white* Birth-place *Mass*

Occupation *Retired* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Sarah Pratt*

Father's Name *H. S. Pratt* Father's Birthplace *England*

Mother's Maiden Name *Belinda Bullock* Mother's Birthplace *Havana*

Name of person giving information How related to deceased

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Nephritis* How long *3 weeks*

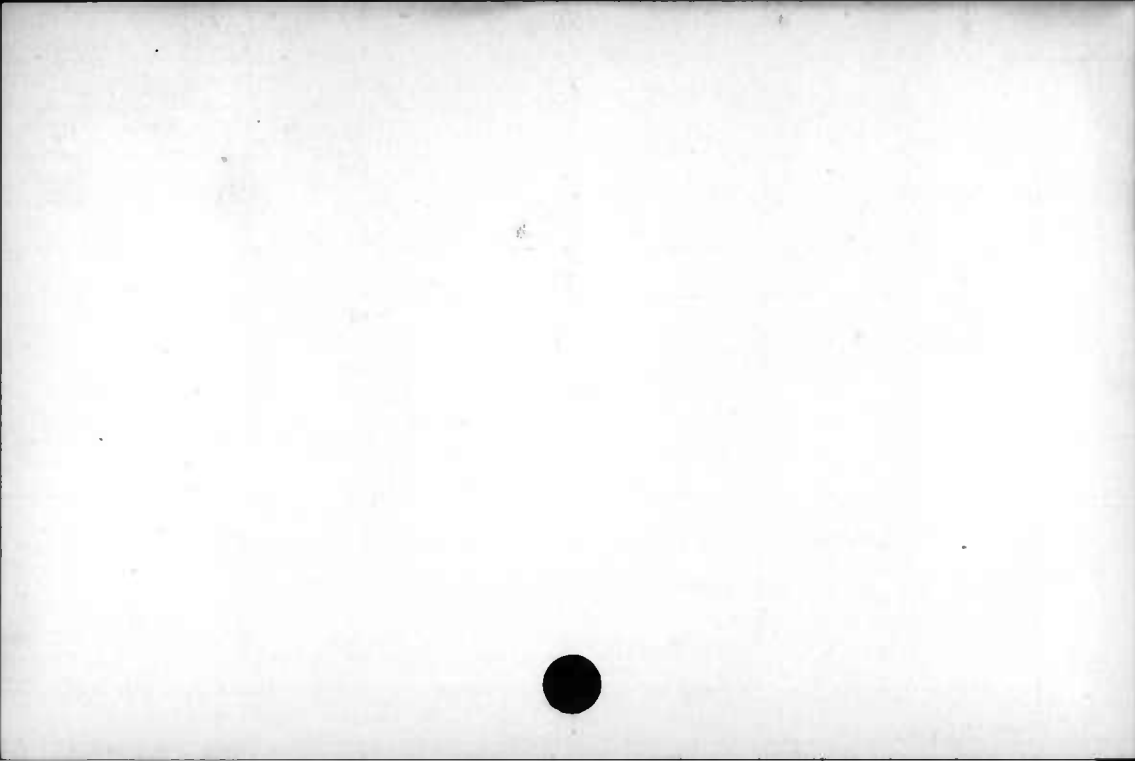
Immediate *Paralysis Brain* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo F. Gallorey*

Address *Federalburg Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i> <sup>Town</sup> <i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>5</i> <sup>Day</sup> <i>16</i> <sup>Years</sup> <i>67</i>	Age <i>67</i>	Months <i>6</i>	Days <i>20</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Mass.</i>	
Occupation <i>retired</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Mrs. Sarah Price</i>		
Father's Name <i>H. B. Price</i>	Father's Birthplace <i>Caroline Co. Md.</i>		
Mother's Maiden Name <i>Roberta Black</i>	Mother's Birthplace <i>Sussex Co. Del.</i>		
Name of person giving information	How related to deceased <i>60</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 weeks</i>
Immediate <i>Paralysis Brain</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. F. Galloway</i>
	Address <i>Federalburg Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

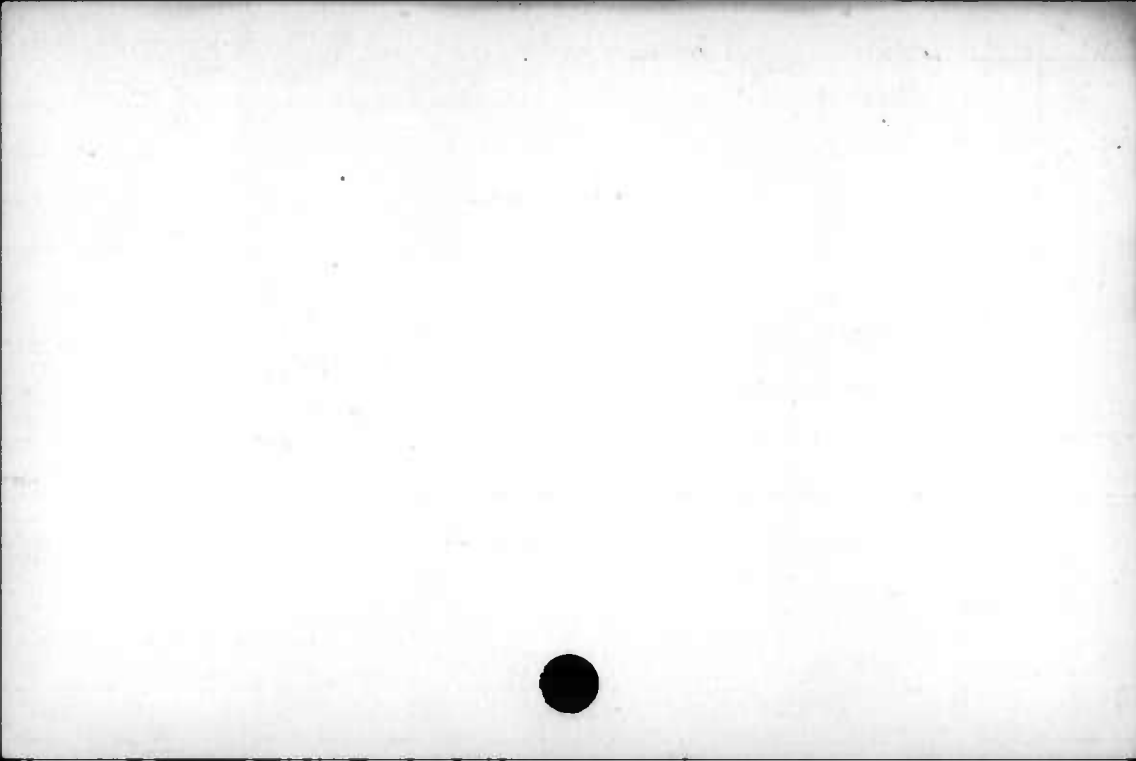
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie Gilbert-Thomas</i>		Town <i>Goldabow</i>		County <i>Caroline</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>May</i>		Day <i>20</i> . Age <i>29</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months <i>5</i> Days <i>7</i>	
Occupation <i>House-wife</i>		Where Residing if not at place of death <i>Templeville Md</i>		Married, Single or Widowed <i>married</i>		Name of <del>Wife</del> Husband <i>Charles D Thomas</i>	
Father's Name <i>William Gilbert</i>		Father's Birthplace <i>unknown</i>		Mother's Maiden Name <i>Francis Gilbert</i>		Mother's Birthplace <i>unknown</i>	
Name of person giving information <i>Chas. N Thomas</i>		(80)		How related to deceased <i>husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Angin Pectoris</i>		How long <i>3 mos.</i>	
Immediate <i>Heart failure</i>		How long <i>And body</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Gilbert</i>	
		Address <i>Goldabow Md</i>	
Accident or Suicide?			



Name  
in  
Full

Howard A. Thomas

## CERTIFICATE OF DEATH

Died at Denton <sup>Town</sup> Caroline <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> 5 <sup>Day</sup> 1 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 5

Sex Male Color or Race colored Birth-place Denton

Occupation — Where Residing if not at place of death —

Married, Single  
or Widowed —Name of Wife or  
Husband —Father's  
NameJoseph I. ThomasFather's  
BirthplaceInd.Mother's  
Maiden NameHelen GibsonMother's  
Birthplace"Name of person giving  
in informationJoseph I. ThomasHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

71

How long

Immediate

Convulsions

How long

12 hoursAre the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianG. W. Simmons M.D.

Address

DentonInd.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

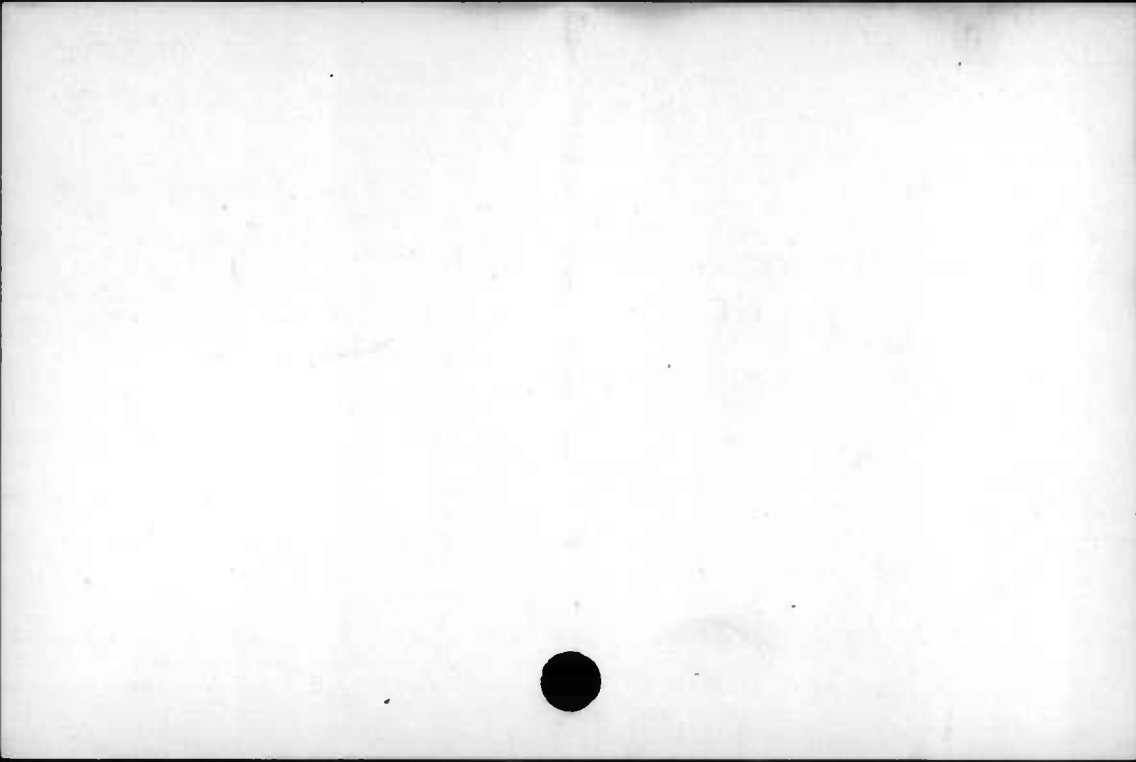
Died at <i>Federalburg</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>17</i>		Age <i>79</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah E Alford</i>					
Father's Name <i>Chas Dodd</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Wright</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>James Dodd</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>		How long <i>several years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name  
in  
Full

Richard Towere

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

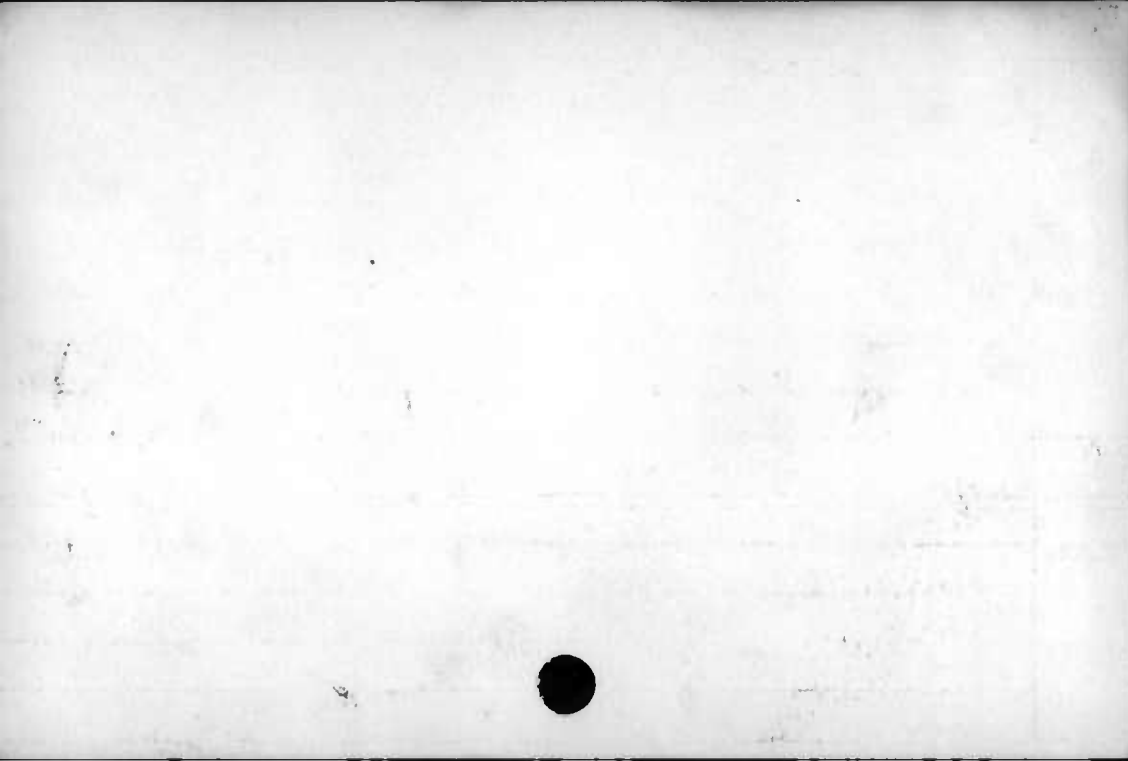
Died at <i>Denton</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	May	Day	21
		Age	46	Years	
		Months		Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Caroline Co</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Andrew Towere</i>			Father's Birthplace	<i>Caroline Co.</i>
Mother's Maiden Name	<i>Nancy</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>A G Fleetwood</i>			How related to deceased	<i>Brother L.</i>

## CAUSES OF DEATH

37

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>3 yrs</i>
Immediate	<i>Cx tuberc</i>		How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>Dr. Geo. M. W.</i>		
Address		<i>Dr. Geo. M. W.</i>		
Accident or Suicide?		<i>No</i>		





Name  
in  
Full

Willia M Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Preston</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup>		<i>17</i> <sup>Day</sup>	<i>53</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Preston</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Daniel R. Wright</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Elez. Callis</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>B.W. Wright</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>120</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Raymond Boone</i>
	Address
Accident or Suicide?	

